Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Le 143/83

CLAIMS AS FILED - PART I (Column 1) (Column 2)							Small e Type [OR	other Small e	
FO	R		NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	SIC FEE	1.38 %						345.00	OR		690.00
τo	TAL CLAIMS	01	→ minus 20= * →				X\$ 9=	ì	OR	X\$18=	10
IND	EPENDENT CL	AIMS 🥥	minus 3 = * —				X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	Ne
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SWALLE	MTITY	OR	OTHER SMALL	
MTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	AMENDIMENT	Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	a D	Minus	***	=	-	X39=		OR	X78=	
W	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						400			+260=	
+130=								OR	TOTAL		
							ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)) (F	· 		1		455
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	άά	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR		
						Į	· TOTAL		OR	TOTAL	
							ADDIT. FEE	<u> </u>	٠.٠ ا	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											1
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	ΔΦ	=		X\$ 9=		OR	X\$18=	
REP	Independent	٠	Minus	**	=		X39=		OR	V70	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								- On	-	-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	L	<u></u>
••	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 							enropriato h	OR	AUUII. FLI	